

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 19	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Christopher K NICKNAME LAST SUFFIX Chip Haass		OFFICE USE ONLY	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8715 Starcrest Dr, Apt/Suite 46 San Antonio, TX 78217	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME		AREA CODE PHONE NUMBER EXTENSION (210) 535-6011	Receipt #	Amount
7 CAMPAIGN TREASURER ADDRESS (Residence or business)		MS / MRS / MR FIRST MI Ms Karin NICKNAME LAST SUFFIX Stanley	Date Processed	
8 CAMPAIGN TREASURER PHONE		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1533 Austin Hwy, Apt/Suite 102 San Antonio, TX 78218	Date Imaged	
9 REPORT TYPE		AREA CODE PHONE NUMBER EXTENSION (210) 535-6011		
10 PERIOD COVERED		8th Day Before Main Election		
11 ELECTION		Month Day Year 3/29/2005		
12 OFFICE		THROUGH 4/27/2005		
13 OFFICE SOUGHT (if known)		ELECTION DATE Month Day Year 5/7/2005		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
OFFICE HELD (if any) Council District 10		OFFICE HELD (if any) Council District 10		
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
Name				
Address / PO Box; Apt. / Suite #; City; State; Zip Code				
<input type="checkbox"/> additional pages				

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Mr Christopher K Haass

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$7305.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$14848.17

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$8527.35

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$2000.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Christopher K Haass, this the 29th day
of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
1 of 7

2 FILER NAME

Mr Christopher K Haass

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/29/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Lloyd A Denton Jr.

6 Contributor address; City; State; Zip Code

11 Lynn Batts Lane, Apt/Suite: 101
San Antonio, TX 78218

7 Amount of
contribution (\$) **500.00**

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Robert G Gunn III

Contributor address; City; State; Zip Code

711 Navarro, Apt/Suite: 406
San Antonio, TX 78205

Amount of
contribution (\$) **50.00**

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

3 D/I PAC

Contributor address; City; State; Zip Code

1900 West Loop South, Apt/Suite: 600
Houston, TX 77027

Amount of
contribution (\$) **150.00**

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Pat Maloney Jr.

Contributor address; City; State; Zip Code

239 E. Commerce Street
San Antonio, TX 78205

Amount of
contribution (\$) **500.00**

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Leslie E Ellison

Contributor address; City; State; Zip Code

211 Oak Leaf
San Antonio, TX 78209

Amount of
contribution (\$) **30.00**

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
2 of 7

2 FILER NAME

Mr Christopher K Haass

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/30/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Barnard Mike

6 Contributor address; City; State; Zip Code

11807 Sunburst Lane, Apt/Suite: 201
San Antonio, TX 78230

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/30/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mike Trompeter

Contributor address; City; State; Zip Code

1206 Lost Stone
San Antonio, TX 78258

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ronald P Guyer

Contributor address; City; State; Zip Code

3051 S. Valley View Lane
San Antonio, TX 78217

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Frank T Gonzales

Contributor address; City; State; Zip Code

3410 Hightree Drive
San Antonio, TX 78217

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Adam Cavazos III

Contributor address; City; State; Zip Code

14302 Chimney House Lane
San Antonio, TX 78231

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
3 of 7

2 FILER NAME

Mr Christopher K Haass

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Jack Guenther

6 Contributor address; City; State; Zip Code

153 Treeline Park, Apt/Suite: 300
San Antonio, TX 78209

7 Amount of
contribution (\$)
100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/31/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Raba-Kistner PAC, Inc.

Contributor address; City; State; Zip Code

PO Box 690287
San Antonio, TX 78269

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Bill Lyons

Contributor address; City; State; Zip Code

720 Castano
San Antonio, TX 78209

Amount of
contribution (\$)
150.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mark S Untiedt

Contributor address; City; State; Zip Code

2411 Blue Quail
San Antonio, TX 78232

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Charles A Gonzalez Congressional Campaign

Contributor address; City; State; Zip Code

PO Box 12612
San Antonio, TX 78212

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
4 of 7

2 FILER NAME

Mr Christopher K Haass

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/29/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Pat Frost

6 Contributor address; City; State; Zip Code

604 Garraty Road
San Antonio, TX 78209

7 Amount of
contribution (\$)
50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

T. C Frost

Contributor address; City; State; Zip Code

PO Box 1600
San Antonio, TX 78296

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Fulbright & Jaworski L.L.P. Texas Committee

Contributor address; City; State; Zip Code

1301 McKinney, Apt/Suite: 5100
Houston, TX 77010

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Brian G Kaestner

Contributor address; City; State; Zip Code

12234 Ridge Spur
San Antonio, TX 78247

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Katie Harvey

Contributor address; City; State; Zip Code

2 Queens Gate
San Antonio, TX 78218

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
5 of 7

2 FILER NAME

Mr Christopher K Haass

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/30/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

John P Horton

6 Contributor address; City; State; Zip Code

3619 Rabbits Foot Trail, Apt/Suite: 9
Lexington, KY 40503

7 Amount of
contribution (\$)
150.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/30/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Richard W Evans Jr.

Contributor address; City; State; Zip Code

315 Terrell Road
San Antonio, TX 78209

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ouida F Roundtree

Contributor address; City; State; Zip Code

3143 Satellite Drive
San Antonio, TX 78217

Amount of
contribution (\$)
25.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/5/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Robert L Beltran

Contributor address; City; State; Zip Code

1639 E. Highland Blvd.
San Antonio, TX 78210

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/6/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Metropolitan Contracting Company, LTD.

Contributor address; City; State; Zip Code

990 Isom
San Antonio, TX 78216

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

6 of 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Christopher K Haass

4 Date

4/7/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Lawrence Haass

6 Contributor address; City; State; Zip Code

735 Sweetbrush
San Antonio, TX 78258

7 Amount of
contribution (\$)
200.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/8/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

George E Block Jr.

Contributor address; City; State; Zip Code

2402 Benrus Blvd.
San Antonio, TX 78228

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mark D Granados

Contributor address; City; State; Zip Code

7122 San Pedro, Apt/Suite: 114
San Antonio, TX 78216

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Marilyn J Vanover

Contributor address; City; State; Zip Code

3507 Marymont
San Antonio, TX 78217

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Half Associates State PAC

Contributor address; City; State; Zip Code

8616 Northwest Plaza Drive
Dallas, TX 75225

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

7 of 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Christopher K Haass

4 Date

4/20/2005

5 Full name of contributor

Frank J Sitterle

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2015 Evans Road, Apt/Suite: 100
San Antonio, TX 78258

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/1/2005

Full name of contributor

Ronald B Martin

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

75.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

234 E. Lullwood
San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/2005

Full name of contributor

Florencio Barrera

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7123 Bethencourt
San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/2005

Full name of contributor

Paul E Golliher

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10214 Severn Road
San Antonio, TX 78217

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/2005

Full name of contributor

Law Office of Darby Riley

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

320 Lexington Ave.
San Antonio, TX 78215

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Christopher K Haass

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Mr Christopher K Haass

3 ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#:_____)**9** Loan Amount (\$)**6** Is lender a financial institution?**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:_____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 3

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Christopher K Haass

4 Date

4/12/2005

5 Payee name

United States Postmaster

6 Payee address; City; State; Zip Code10250 John Saunders
San Antonio, TX 78216**7** Amount(\$)**3478.00****8** Purpose of payment (See instructions regarding type of information required.)

postage

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Chip Haass

Council District **10** Council District 1

Date

4/19/2005

Payee name

People Business Solutions, Inc.

Payee address; City; State; Zip Code

206 San Pedro Ave.
San Antonio, TX 78212

Amount

(\$)**1365.00**

Purpose of payment (See instructions regarding type of information required.)

media/public relations

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Chip Haass

Council District **10** Council District 1

Date

4/22/2005

Payee name

Blue Clover

Payee address; City; State; Zip Code

554 Soledad
San Antonio, TX 78205

Amount

(\$)**300.00**

Purpose of payment (See instructions regarding type of information required.)

website

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Chip Haass

Council District **10** Council District 1

Date

4/25/2005

Payee name

Tom Daniels

Payee address; City; State; Zip Code

626 Larkwood
San Antonio, TX 78209

Amount

(\$)**2231.03**

Purpose of payment (See instructions regarding type of information required.)

telephone bank services

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Chip Haass

Council District **10** Council District 1**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 3

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Christopher K Haass

4 Date

4/25/2005

5 Payee name

Charles Robles

7 Amount

(\$110.78)

6 Payee address; City; State; Zip Code8331 Fredericksburg Road, Apt/Suite: 1522
San Antonio, TX 78229**8** Purpose of payment (See instructions regarding type of information required.)

reimbursement for printing (Kinko's)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Chip Haass

Council District 10 Council District 10

Date

4/25/2005

Payee name

People Business Solutions, Inc.

Amount

(\$3275.70)

Payee address; City; State; Zip Code

206 San Pedro Ave.
San Antonio, TX 78212

Purpose of payment (See instructions regarding type of information required.)

media/public relations

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Chip Haass

Council District 10 Council District 10

Date

4/25/2005

Payee name

Kinko's

Amount

(\$2806.67)

Payee address; City; State; Zip Code

4418 Broadway
San Antonio, TX 78209

Purpose of payment (See instructions regarding type of information required.)

printing

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Chip Haass

Council District 10 Council District 10

Date

4/25/2005

Payee name

United States Postmaster

Amount

(\$115.00)

Payee address; City; State; Zip Code

10250 John Saunders
San Antonio, TX 78216

Purpose of payment (See instructions regarding type of information required.)

postage

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Chip Haass

Council District 10 Council District 10

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 3

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Christopher K Haass

4 Date

4/26/2005

5 Payee name

United States Postmaster

7 Amount(\$)**1081.00****6** Payee address; City; State; Zip Code10250 John Saunders
San Antonio, TX 78216**8** Purpose of payment (See instructions regarding type of information required.)

postage

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Chip Haass

Council District **10** Council District 1

Date

4/26/2005

Payee name

OfficeMax

Amount

(\$)**64.79**

Payee address; City; State; Zip Code

12635 IH 10 West, Apt/Suite: 525
San Antonio, TX 78230

Purpose of payment (See instructions regarding type of information required.)

office supplies

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Chip Haass

Council District **10** Council District 1

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 1
2 FILER NAME Mr Christopher K Haass		3 ACCOUNT # (Ethics Commission filers)

4 Date 4/11/2005	5 Payee name Sierra Club <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 85 Second Street, Apt/Suite: 2 San Francisco, CA 94105 7 Purpose of expenditure (See instructions regarding type of information required.) MAILING LIST/LABELS	8 Amount (\$) \$20.20 <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Christopher K Haass

4 Date**5** Business name**7** Amount
(\$).....
6 Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 1 of 1
2 FILER NAME Mr Christopher K Haass		3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Christopher K Haass

4 Date	5 Payor name	8 Amount (\$)
 6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ******1 C/OH NAME**

Mr Christopher K Haass

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below *only* if you are not an officeholder. ******A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****** Complete this section *only* if you are an officeholder ****☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder